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| PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004       |  |   |  |   |  |                                 |              |                     | Application or Docket Number 10/564313 |                            |                            |                        |
|---|--|---|--|---|--|---------------------------------|--------------|---------------------|--|----------------------------|----------------------------|------------------------|
| _   |  | CLAIMS  | AS FILED -<br>(Colum   | •   | (Column 2)                             |                                 | _            | SMALL ENT           | ITY OR                                 |                            | OTHER THAN<br>SMALL ENTITY |                        |
| U.S. NATIONAL STAGE FEES  |  |   |  |   |  |                                 |              | RATE                | FEE                                    | ]                          | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150  |   | LARGE ENT. = \$ 300                    |                                 |              | BASIC FEE           |  | OR                         | BASIC FEE                  | 30 D.                  |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                 |   | All other situations = \$ 100 / \$ 200 |                                 | 1            | EXAM. FEE           |  |                            | EXAM. FEE                  | 260                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |   | All other situations = \$ 250 / \$ 500 |                                 |              | SEARCH FEE          |  |                            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =  |   |  | / 50 =                          |              | X \$ 125 = .        | 4                                      | 1                          | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 7 minus 20 =   |   | •                                      |                                 |              | X \$ 25 =           |  | OR                         | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 =  |   | . [                                    | • 3                             |              | X \$ 100 =          |  | OR                         | X \$ 200 =                 | 600                    |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI  | ESENT  | SENT  |  |                                 |              | + \$ 180 =          |  | OR                         | + \$ 360 =                 | 000                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |  |   |  | lumn 2                          |              | TOTAL               |  | OR                         | TOTAL                      | 1500                   |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |  |   |  | 1 1                             | SMALL ENTITY |                     |  | OTHER THAN<br>SMALL ENTITY |                            |                        |
| NT A  |  | REMAINING<br>AFTER<br>AMENDMENT   |  | NUM<br>PREVIC<br>PAID                       | IBER<br>OUSLY                          | PRESENT<br>EXTRA                |              | RATE                | ADDI-<br>TIONAL<br>FEE                 |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus  | **  |  | =                               |              | X \$ 25 =           |  | OR                         | X \$ 50 =                  |                        |
| AME   | Independent                                    | *   | Minus  | ***   |  | =                               |              | X \$ 100 =          |  | OR                         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |   |  |                                 |              | + \$ 180 =          |  | OR                         | + \$ 360 =                 |                        |
|   |  |   | TOTAL ADDIT.<br>FEE  |   | OR                                     | TOTAL ADDIT.<br>FEE             |              |                     |  |                            |                            |                        |
|   |  | (Calumn 1)  |  | (Calum                                      |  | (O :4: 0)                       |              |                     |  |                            | _                          |                        |
| ri B  |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT   |  | (Colun<br>HIGHI<br>NUME<br>PREVIO<br>PAID I | EST<br>BER<br>DUSLY                    | (Column 3) PRESENT EXTRA        |              | RATE                | ADDI-<br>TIONAL<br>FEE                 |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |
| DME   | Total  | •   | Minus  | **  |  | =                               |              | X \$ 25 =           |  | OR                         | X \$ 50 =                  |                        |
| AMENDMENT   | Independent                                    | *   | Minus  | ***   |  | =                               |              | X \$ 100 =          |  | OR                         | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |  | CLAIM                                       |  |                                 | + \$ 180 =   | <del> </del>        | OR                                     | + \$ 360 =                 |                            |                        |
|   |  |   |  |   |  |                                 |              | TOTAL ADDIT.<br>FEE |  | OR                         | TOTAL ADDIT.<br>FEE        |                        |
| **  | If the "Highest Nu<br>If the "Highest Nu       | imn 1 is less than the<br>imber Previously Paid<br>imber Previously Paid<br>inber Previously Paid | d For" IN THIS, SP.<br>d For" IN THIS SP.                        | ACE is less<br>ACE is less                  | s than '20<br>s than '3',              | 0', enter "20".<br>, enter "3". | in the       |                     | in column 1.                           |                            |                            |                        |
|   |  |   |  |   |  |                                 |              |                     |  | •                          |                            |                        |